



Secretary of State
Statement of Information
(Limited Liability Company)

LLC-12

133

18-322370

FILED
Secretary of State
State of California

OCT 01 2018

IMPORTANT — This form can be filed online at bizfile.sos.ca.gov.

Read instructions before completing this form.

Filing Fee — \$20.00

Copy Fees — First page \$1.00; each attachment page \$0.50;
Certification Fee — \$5.00 plus copy fees

Above Space For Office Use Only

1. Limited Liability Company Name (Enter the exact name of the LLC. If you registered in California using an alternate name, see instructions.)

VIKING WIZARD EYES, LLC

2. 12-Digit Secretary of State Entity (File) Number

200427510148

3. State, Foreign Country or Place of Organization (only if formed outside of California)

4. Business Addresses

a. Street Address of Principal Office - Do not list a P.O. Box	City (no abbreviations)	State	Zip Code
3130 WILSHIRE BLVD SUITE 600	SANTA MONICA	CA	90403
b. Mailing Address of LLC, if different than item 4a	City (no abbreviations)	State	Zip Code
c. Street Address of California Office, if Item 4a is not in California - Do not list a P.O. Box	City (no abbreviations)	State	Zip Code
		CA	

5. Manager(s) or Member(s)

If no managers have been appointed or elected, provide the name and address of each member. At least one name and address must be listed. If the manager/member is an individual, complete Items 5a and 5c (leave Item 5b blank). If the manager/member is an entity, complete Items 5b and 5c (leave Item 5a blank). Note: The LLC cannot serve as its own manager or member. If the LLC has additional managers/members, enter the name(s) and address(es) on Form LLC-12A.

a. First Name, if an individual - Do not complete Item 5b	Middle Name	Last Name	Suffix
MARK		HOPPUS	
b. Entity Name - Do not complete Item 5a			
c. Address	City (no abbreviations)	State	Zip Code
3130 WILSHIRE BLVD SUITE 600	SANTA MONICA	CA	90403

6. Service of Process (Must provide either Individual OR Corporation.)

INDIVIDUAL — Complete Items 6a and 6b only. Must include agent's full name and California street address.

a. California Agent's First Name (if agent is not a corporation)	Middle Name	Last Name	Suffix
BO		GARDNER	
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbreviations)	State	Zip Code
3130 WILSHIRE BLVD SUITE 600	SANTA MONICA	CA	90403

CORPORATION — Complete Item 6c only. Only include the name of the registered agent Corporation.

c. California Registered Corporate Agent's Name (if agent is a corporation) — Do not complete Item 6a or 6b

7. Type of Business

Describe the type of business or services of the Limited Liability Company

ENTERTAINMENT

8. Chief Executive Officer, if elected or appointed

a. First Name	Middle Name	Last Name	Suffix
b. Address	City (no abbreviations)	State	Zip Code

9. The information contained herein, including any attachments made part of this document, is true and correct.


9/25/2018
Date

TAWNY THOMPSON
Type or Print Name of Person Completing the Form

ACCOUNT MANAGER
Title

Signature

18-322370

 Attachment to Statement of Information (Limited Liability Company)	LLC-12A Attachment
A. Limited Liability Company Name (Enter the exact name on file with the California Secretary of State.) VIKING WIZARD EYES, LLC	
<i>Above Space For Office Use Only</i>	
B. 12-Digit Secretary of State Entity (File) Number <div style="text-align: center; font-size: 1.2em;">200427510148</div>	C. State, Foreign Country, or Place of Organization (only if formed outside of California)

D. List of Additional Manager(s) or Member(s) - If the manager/member is an individual, enter the individual's name and address. If the manager/member is an entity, enter the entity's name and address. Note: The LLC cannot serve as its own manager or member.

2a. First Name - Do not complete Item 2b TRAVIS	Middle Name	Last Name BARKER	Suffix
2b. Entity Name - Do not complete Item 2a			
2c. Address 3130 WILSHIRE BLVD SUITE 600	City (no abbreviations) SANTA MONICA	State CA	Zip Code 90403
3a. First Name - Do not complete Item 3b THOMAS	Middle Name	Last Name DELONGE	Suffix
3b. Entity Name - Do not complete Item 3a			
3c. Address 3130 WILSHIRE BLVD SUITE 600	City (no abbreviations) SANTA MONICA	State CA	Zip Code 90403
4a. First Name - Do not complete Item 4b	Middle Name	Last Name	Suffix
4b. Entity Name - Do not complete Item 4a			
4c. Address	City (no abbreviations)	State	Zip Code
5a. First Name - Do not complete Item 5b	Middle Name	Last Name	Suffix
5b. Entity Name - Do not complete Item 5a			
5c. Address	City (no abbreviations)	State	Zip Code
6a. First Name - Do not complete Item 6b	Middle Name	Last Name	Suffix
6b. Entity Name - Do not complete Item 6a			
6c. Address	City (no abbreviations)	State	Zip Code
7a. First Name - Do not complete Item 7b	Middle Name	Last Name	Suffix
7b. Entity Name - Do not complete Item 7a			
7c. Address	City (no abbreviations)	State	Zip Code
8a. First Name - Do not complete Item 8b	Middle Name	Last Name	Suffix
8b. Entity Name - Do not complete Item 8a			
8c. Address	City (no abbreviations)	State	Zip Code